

**FLOWER MOUND MUNICIPAL COURT
PERSONAL AND FINANCIAL QUESTIONNAIRE**

CAUSE NUMBER: _____

PERSONAL INFORMATION:

1. Name: _____
2. Address: _____
3. City, State Zip: _____
4. Home Phone: (_____)_____ Work Phone: (_____)_____
5. Date of Birth: _____ Social Security No.: _____ - _____ - _____
6. Driver's License No.: _____ Texas ID No. _____
7. Spouse's Name (if any): _____
8. Do you and your spouse live together? _____
9. No. of children living in your home you are obligated to support? What ages?

10. Contact information (Name, address, telephone number) for two other friends or family members:

EMPLOYMENT HISTORY:

1. Employer's name:
2. Work address and telephone no.:
3. Name and telephone no. of your immediate supervisor:
4. Length of employment with current employer: (No. of months/years)
5. List your job duties:
6. How often are you paid? (Circle One): (weekly) (bi-weekly) (semi-monthly) (monthly)
7. If you are not employed, explain why:
8. List the names of three (3) businesses where you have applied for work in the past three (3) months:
a.
b.
c.
9. Does your spouse work? If so, where?
10. How long? _____ What are his/her job duties?
11. How often is your spouse paid? (Circle One): (weekly) (bi-weekly) (semi-monthly) (monthly)

INCOME:

1. How much do you earn each pay period: \$
2. If your spouse works, how much does he/she earn each pay period: \$
3. Do you receive any of the following, and if so, how much and when:
a) Social Security Check / Disability: \$
b) Retirement Check: \$

- c) Worker's Compensation Check: \$
- d) WIC/AFDC: \$
- e) Food Stamps: \$
- f) Assistance from Family: \$
- g) Assistance from Social Agencies: \$
- h) Scholarships / School Financial Aid: \$

Total Income: \$_____

EXPENSES:

How much do you pay for the following expenses:

- 1. Rent/Mortgage: \$
- 2. Utilities: (electric, gas, water): \$
- 3. Food and Household necessities: \$
- 4. Car Payment / Transportation (bus/train): \$
- 5. Car Insurance: \$
- 6. Medical Insurance: \$
- 7. Car, Gasoline & Maintenance: \$
- 8. Child Care: \$
- 9. Court Ordered Child Support: \$
- 10. Other Court Ordered Payments (Probation fees/Fines): \$
- 11. IRS Taxes Liens/Levies: \$
- 12. Credit Card / loans: \$

Total Expenses: \$_____

ASSETS:

Which of the following items do you own and what are they worth?

- Car: (Make/Model) Value: \$
- Truck: (Make/Model) Value: \$
- Boat: (Make/Model) Value: \$
- Jewelry: Value: \$
- Television: Value: \$
- Electronics: Value: \$
- Tools: Value: \$
- Furniture: Value: \$
- Musical Instruments: Value: \$
- Antiques: Value: \$
- Camping Equipment: Value: \$
- Lawn & Garden Equipment: Value: \$
- Real Estate: Value: \$
- Location of Real Property:

PAYMENT PROPOSAL:

Based on my current financial condition, I can pay \$_____ per month on the _____ day of each month.

I hereby swear or affirm that all statements contained in this payment plan questionnaire are true and correct to the best of my knowledge. I understand that any false statement made to the court in connection with this payment plan questionnaire may be prosecuted to the full extent of the law.

Defendant's Signature

Date